Annual Reporting of Utilization Review Activities

This Form contains the items that are required to be in the annual report of Utilization Review Activities. This form and the certification letter referenced below represent all required items for this report. Annual Utilization Review Reports are for utilization activities conducted in the previous calendar year. Missouri Regulations and Statutes referenced in this filing may be reviewed through our Internet site at www.insurance.state.mo.us.

The Annual Utilization Review Report must be post marked by March 1st each calendar year.

Part A. check one:

☐ **20 CSR 400-10.020(1)(A)** This report is being made by a Health Carrier who is acting as a Utilization Review agent on their own behalf.

☐ **20 CSR 400-10.020(1)(B)** This report is being filed on behalf of a Health Carrier that has contracted with an outside utilization review organization or otherwise has delegated its utilization review activities. List, or attach a list, of all companies that are acting as a utilization review agent for this Health Carrier. _____

_____
_____

Part B

Identify the types of Utilization Review Activities your company has conducted:

1. Ambulatory Review ☐   2. Concurrent Review ☐

3. Prospective Review ☐   4. Retrospective Review ☐

5. Other types of Review ☐
    Identify the Other types of Review _____

The company may provide additional statistical data that would better summarize its Utilization Review Activities (i.e. case management, total number of reviews conducted, the number of each type of UR Activity conducted)

Part C.

1. Are there any material changes to your Grievance Procedures since your last filing?_____
    If so, please forward an updated copy of those Grievance Procedures as they appear in your policies and certificates. *(Pursuant to **20 CSR 400-10.020(3)** only send these if you have made any material changes since your last filing)*

Pursuant to §376.1375 RSMo please disclose the following information.

2. Total Number of Grievance Reviews Conducted (2a) 1st Level #_____ (2b) 2nd Level #_____

3. Disclose the outcome of those Grievances:

    Company's original decision upheld   (3a) 1st Level #_____ (3b) 2nd Level #_____

    Company's original decision overturned   (3c) 1st Level #_____ (3d) 2nd Level #_____

4. Total number of Expedited Grievance Reviews Conducted   #_____

Signature and title of Company Officer _____

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Attach a signed letter of certification, on your company letterhead, that certifies that your company is in compliance with § 376.1369 RSMo. and § 376.1378 RSMo. Your Activity Report will be incomplete if these certifications are not provided.